COACH EVALUATION FORM (FOR PARENTS)

ROGERS ACTIVITY CENTER YOUTH SOFTBALL 2013

Parent/Guardian:		Team name:									
Phone number:	Email: Date:										
Coach:											
Rate each criterion below by checking the most appropriate number from 1 (poor) to 10 (excellent).											
Criteria	Poor . 1		3	Ave	erage .		7	Ex	cellent	10	N/A
Communication	-	_	3	7	3	Ü	,	J	J	10	14,71
With parents/guardians											
With my child											
Behavior					_		_				
Positive role model for my child											
Emotional control											
Promotion of good sportsmanship											
Towards officials and opponents											
Teaching										_	
Age and ability appropriate											
Enhanced social and emotional growth											
Provided safe and positive environment	t										
Discipline enforcement											
Recognized and addressed issues											
Organization for practices and games											
Knowledge of rules and game											
Overall	_	_	_	_			_	_		_	
Improvement of my child's skill/knowle	dge										
Care for my child's experience											
Distribution of playing time											
Positive experience for my child											
League & Comments: Personal Information											